

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445355	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/18/2013
NAME OF PROVIDER OR SUPPLIER  INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide fire rated doors protecting the corridor that will resist the passage of smoke due to the compartment being fully sprinklered.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on March 19, 2013 at 10:50 a.m. revealed that the facility removed existing fire doors located beside room 735.</p>	K 018	<p>K018- SS=F - Facility removed existing fire doors located beside room 735</p> <p>Action: Doors were installed, checked, and operational.</p>	4-3-2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on March 19, 2013.	K 018			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain its one (1) hour rated fire construction.  The findings include:  Observation on March 19, 2013 at 11:30 a.m. revealed above ceiling in the soiled utility room by the nurses' station has one piece of duct work that has been sealed off by an unapproved fire stopping system (duct tape).  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 19, 2013.	K 029	K029 SS= D - Facility failed to maintain its one (1) hour rated fire construction. Observation on March 19, 2013 at 11:30 a.m. revealed above ceiling in the soiled utility room by the nurses' station has one piece of duct work that has been sealed off by an unapproved fire stopping system (duct tape)  Action: Duct tape has been removed. Duct cap in place and appropriate fire sealing applied.	3/19/13	
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 054			

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K 054	<p>Continued From page 2</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have smoke detectors located at least 3 feet from air flow.</p> <p>The findings include:</p> <p>Observation on March 19, 2013 between 10:45 a.m. and 11:00 a.m. revealed the following areas had smoke detectors installed within 3 feet of air flow:</p> <ol style="list-style-type: none"> <li>1. Nourishment room</li> <li>2. Storage room across from room 735</li> <li>3. Oxygen storage room</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 19, 2013.</p>	K 054	<p>K054 SS=D - Based on observation, it was determine that the facility failed to have smoke detectors located at least 3 feet from air flow.</p> <p>Action: The 3 identified smoke detectors have been relocated to meet the appropriate clearance.</p>	3/20/13	